



Equal justice starts here.

## **VIA ELECTRONIC SUBMISSION**

Health and Medicine Policy Research Group  
29 E. Madison Street, Suite 602  
Chicago, Illinois 60602-4404

### **Attention: 1115 Waiver**

Dear Sir/Madam:

LAF appreciates the opportunity to provide input on the important issue of the proposed 1115 Waiver for Illinois Medicaid. LAF is the largest provider of free civil legal services in the Chicago area, serving over 15,000 individuals annually. LAF represents many low-income individuals and families seeking to obtain or keep critical benefits from Illinois' medical assistance programs as well as the uninsured. We are offering the following suggestions based on our experiences with the needs of our client base.

Our comments are divided into sections as follows:

- Pathway #1A and #1B - *Combine and Moderate HCBS Waivers and Behavioral Health Expansion and Integration*
- Pathway #1C – *Stable Living Through Supportive Housing*
- Pathway #2B – *Transform Public Providers*
- Pathway #3 - *Build Capacity of the Health Care System for Population Health Management*
- Pathway #4A and #4B – *Graduate Medical Education and Loan Repayment*

*Pathway #1A and #1B - Combine and Moderate HCBS Waivers and Behavioral Health Expansion and Integration*

One key to successfully implementing Pathways #1A and #1B is a carefully developed universal assessment tool (UAT) designed based on extensive stakeholder input and best practices from other states that have developed their own tools. While we support the idea that recipients will have more flexibility under the proposed 1115 waiver to obtain the services they need without the current cumbersome and administratively complex waiver system, both the design and the implementation of the assessment tool are critical to creating a successful system.

Further, while we do not object to the efforts to professionalize caretakers, it will be imperative to protect the patient's choice of care providers, including family members, to the greatest extent possible. All caregivers should be appropriately trained, but screenings or other hurdles that would rule out family members who are currently providing care or who could provide care will often not be in the beneficiary's best interest. Likewise, attributing to family caregivers less billable time than to non-family members creates inappropriate incentives and fails to recognize the value, particularly to children, of having a family member provide the care. We hope that you will consider the impact of any proposed changes on this type of caregiver and beneficiary as you draft the 1115 proposal.

## Pathway #1C

LAF applauds your initial efforts to help CMS recognize the expense and negative clinical outcomes that result from chronically ill or medically complex individuals who are not stably housed. LAF sees no issue that more negatively impacts our clients' health and legal claims than lack of affordable housing. We hope you will help CMS understand the financial impact to it and to the state when sick people are not well-housed.

We support your continued discussions with CMS, even upon points to which they have not yet been welcoming, because you remind the agency of the well-documented benefit to patients and costs savings. We hope you will continue to think creatively about supportive services and DSRIP-type incentive pools, housing-related items that could be attributed to Illinois's match, among others and that you will craft options that will bring resources into Illinois.

## Pathway #2B – *Transform Public Providers*

Although many of our clients now have access to health insurance opportunities for the first time (mostly due to expanded Medicaid) we work with many populations whose health care will remain dependent upon safety net hospitals, often because of their immigration status. It is therefore

essential to preserve safety net opportunities for those that will remain dependent upon them. We are encouraged to find this sentiment echoed in the White Paper and are hopeful that public providers will continue to be supported because of the care they will provide to the chronic uninsured and underinsured populations. We are optimistic that the DSRIP pool model will be an effective way to incentivize public systems to transform.

*Pathway #3 – Build Capacity of the Health Care System for Population Health Management*

We are pleased to hear about the efforts to create connections between public health and health care delivery systems due to the influx of the newly insured. We think the request ought to include a special mention of the importance of re-building the behavioral and mental health infrastructure, especially in light of the devastating budget cuts in these areas in Illinois. Capacity in this area is of particular concern to our clients as the population of ACA Adult Medicaid eligible whom we serve are currently struggling to find providers for these services.

*Pathway #4A and #4B – Graduate Medical Education and Loan Repayment*

LAF supports the proposal to create more primary care providers who will work with Medicaid patients. However, we also know it is critical to incentivize *specialist physicians* through medical education and loan

repayment. The shortage of specialists for people with Medicaid in Illinois is well documented and leads to expensive and adverse patient outcomes. , At LAF we notice particular capacity challenges for patients who need to see pediatric specialists of all kinds and psychiatric specialists for both adults and children. We believe these two subsets ought to be given the same GME and loan repayment opportunities as primary care physicians.

We appreciate your efforts to collect stakeholder input and the creative thinking you have employed to draft this White Paper. We look forward to reviewing the 1115 Waiver Proposal and providing comments on that document as well. Thank you for your consideration of these comments. If you have any questions, please feel free to contact me at 312-347-8388.

Sincerely,

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